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ABSTRACT

This study involved focus groups with New York City family day care providers to determine difficulties they experienced in three areas: economic barriers, payment and regulatory barriers, and barriers to workforce development. Overall, providers had difficulty making wages that allowed them to provide for themselves and their families. They expressed a need for assistance in shoring up the financial viability of their family child care homes. At the heart of the economic issue for these providers was the New York State reimbursement rates. To provide child care, these providers must learn to navigate the multiple agencies responsible for administration and oversight of subsidized child care. Providers expressed a need for clarity about city and state health and safety guidelines and for additional information for themselves and parents about obtaining and utilizing vouchers. They desired increased communication between themselves and various agencies. They noted that wages in the field did not compensate them for their expertise, long hours, or challenges in providing children with a safe, stimulating, and developmentally appropriate environment. Recommendations are provided in the areas of financing child care, eliminating red tape, and creating opportunities for professionalism. Three appendices present family child care focus group statistics, barrier charts, and focus group questions. (SM)

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Caring From Home:

Addressing Barriers to Family Child Care Expansion

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Every day hundreds of thousands of children are placed in child care during the hours when their parents are at work, however, the demand for quality regulated care far exceeds the supply. New York City currently provides child care subsidies to 95,000 children whose families could not otherwise afford child care for their children, but a shortage of resources for child care subsidies has resulted in a large and growing unmet need. Citizens' Committee for Children (CCC) has estimated that as many as 100,000 New York City children between the ages of zero to five are currently eligible for a child care subsidy, but do not receive one because of a limited supply.[1] Further, the short supply of licensed centers and regulated family child care homes has forced as many as 34,000 families who receive a child care subsidy to place their children in informal care.[2]

As a result of these shortages, hundreds of thousands of low- and moderate-income families turn to informal, unregulated care of varying or poor quality. While some arrangements may be adequate, others place children in settings that lack proper adult supervision, developmentally appropriate stimulation, and have dangerously poor health and safety conditions. Too often, parents are forced to choose between poor quality child care arrangements and the prospect of dropping out of the labor force, or having welfare benefits terminated.

Table I. Children in Subsidized Care by Type of Setting[3]

Child Care Setting	Children Enrolled	%
Child Care Centers	48,092	51%
Family Child Care Homes	11,504	12%
Unregulated Care	34,753	37%
TOTAL	**94,349**	**100%**

1 *Child Care: the Family Life Issue in New York City*, Citizens' Committee for Children, 2000.

2 Administration for Children's Services and the Human Resources Administration, as of September 2000.

3 Administration for Children's Services and the Human Resources Administration, as of September 2000.

Fortunately, as changes in the nation's economy have made more families reliant on two incomes and as research on brain development has brought about a deeper understanding of the importance of early childhood education, broad agreement that quality child care must be made a priority has developed. Over the past several years, New York City and state have responded to the child care crisis in unprecedented ways, including large increases in the amount of resources allocated in the state and city budgets. In September 2000, New York State enacted the Quality Child Care and Protection Act. This legislation strengthens the minimum health and safety requirements for center-based programs and family child care providers across the state. In FY 2001, the Governor and the Legislature allocated $119.5 million to create 28,000 new slots, $40 million for recruitment and retention of workers, $3 million to expand the Child and Dependent Care Tax Credit, and $30 million for facility development and expansion. In FY 2002 the state enacted a budget that increased spending for child care by only $32 million.

New York State Quality Child Care and Protection Act

In September 2000, New York State enacted the Quality Child Care and Protection Act in order to safeguard children against placement in unsafe child care arrangements. The Act strengthens the health and safety requirements for center-based programs and family child care providers across the state.

Specifically, the Quality Child Care and Protection Act:

- Requires a criminal background check of all child care staff including volunteers and family members of family child care providers over the age of 18;
- Requires an inquiry of the Statewide Central Register of Child Abuse and Maltreatment;
- Requires registered family child care homes to be inspected prior to receiving a permit to provide care;
- Authorizes the state to impose and enforce fines against family child care homes for violations of state regulations and doubles the maximum daily fine for violations of health and safety standards from $250 to $500 in center-based programs; and
- Allocates $40 million in the FY 2001 State Budget for retention grants for salary enhancement and professional development for child care staff and providers.

At the city level, in June 2000 Local Law 31 was passed, aimed at monitoring and enhancing the quality of care provided in family child care settings. In FY 2001, $25 million was allocated in the city budget for facility development over a three year period, and $8.5 million was allocated to increase eligibility for care to 275% of the federal poverty level and guarantee that no family who receives a subsidy spends more than 10 percent of their income of child care. In the City FY 2002 Budget, $8.2 million was allocated for oversight and monitoring of family child care programs.

To address the unprecedented attention and sizable resources for child care and to plan for child care service expansion, in September 2000, the Administration for Children's Services (ACS) convened the ACS Child Care Advisory Board Subcommittee. The Subcommittee was charged with developing a coherent plan for Head Start and Child Care services across the city. Through the Subcommittee, the agency has developed *Counting to 10: New Directions in Child Care and Head Start*, a comprehensive reform plan for the Agency for Child Development (ACD) child care and Head Start services. The Plan defines 10 broad goals and the means to achieve them. These goals include: ensuring the quality of Head Start and child care services; increasing access to care; expanding availability of care; broadening parent involvement and community engagement; strengthening the workforce through salary and training opportunities and delegate and sponsoring agencies through technical assistance; promoting blended programming; building state-of-the art facilities; enhancing child development and family functioning; maximizing revenue and prompt payment; and improving ACS child care and Head Start operations. As a part of the implementation of the plan, ACS has implemented a new fee schedule that makes child care more affordable for low- and moderate-income families.

Citizens' Committee for Children applauds these recent initiatives. Since our inception, CCC has advocated for policies that would increase the quality and supply of child care, and these state and city initiatives represent an important first step toward ensuring that New York City provides children in child care arrangements with safe, developmentally appropriate care during the hours their parents are at work. However, as the demand for child care continues to increase, the city must develop a coordinated response plan that increases supply in a timely manner. In New York City, the cost of child care facility development is high and the extended timeline for center construction exacerbates the shortage problem. The most recent child care center development projects conducted by the city have cost upwards of $5 million for approximately 150 child care spaces and took three to five years to develop. Investing in family child care is a less expensive, faster way for the city to increase the availability of regulated child care and should be a central part of the city's expansion plan.

New York City's Local Law 31

Passed in June 2000, Local Law 31 was intended to enhance the quality of care provided in family child care settings. This piece of legislation authorizes ACS to conduct a minimum of five annual monitoring visits to family child care homes to provide technical assistance to enhance quality. The legislation calls for monitoring and technical assistance services to be provided by ACS or 'an authorized family child care service' (e.g. ACD contracted family child care networks).

As envisioned, contracted family child care networks will provide basic monitoring visits and technical assistance to help providers unaffiliated with their network with regulation compliance. While a portfolio of enhanced services to include linkage with a pool of substitute providers, parent orientation and curriculum development technical assistance to providers within their network. In order to implement the regulatory activities prescribed in the legislation, $9.6 million was allocated in the City FY 2000 budget and $8.2 was allocated in FY2001. ACS is currently working with the State Office of Children and Family Services (OCFS) to develop an implementation plan for Local Law 31 that will integrate state and city laws in a way that supports programs and providers in meeting the new requirements and improving the quality of care.

Family child care – a family residence in which a provider cares for children – is often the preferred choice for many families searching for an intimate child care setting for their youngest children. The expansion of family child care will provide families with subsidies with greater access to regulated care, and for the 100,000 subsidy-eligible families who do not receive a subsidy and cannot afford the fees charged by centers, the expansion of family child care may place regulated care within their reach. As an increasing number of families rely on two incomes to make ends meet and with the increasing frequency of work during nontraditional hours for families transitioning from welfare to work, family child care offers more flexible schedules to working families than center-based programs. This report lays out a series of recommendations that will facilitate the expansion of quality, regulated family child care.

Over the next year, ACS and the New York City Department of Public Health (DPH) will be required to play an ever more important role as the new child care regulations take effect. New York City's contracted family child care networks will also have a large role to play in coordinating support, performing regulatory visits and on-site technical assistance, and providing clarity and information about the changes in requirements for the thousands of regulated family child care providers throughout the city. Ongoing coordination between ACS, DPH, the Human Resources Administration (HRA), family child care networks and providers will be necessary to address the economic, administrative and regulatory barriers that hinder the expansion of regulated family child care.

The Importance of Regulated High Quality Child Care

The benefits of high quality child care on young children are abundantly clear, yet studies of child care have found that an alarming proportion of programs provide care that is substandard or adequate at best.[4] Quality child care provides comprehensive support to children's growth and development. Well designed programs provide children with a safe and stimulating environment; adequately trained caregivers in numbers that allow for quality interactions between adults and children; and a varied, developmentally-appropriate curriculum. High quality programs offer group and individual activities that are well balanced, and that give children opportunities to learn through play, conversation, and other interactions. They also give children access to books and other educational materials, and engage children in the kind of quality interactions with adults which have been shown to enhance children's social, cognitive and communication skills. Quality programs also encourage caregivers and parents to share observations and knowledge of the child, in order to better plan supportive experiences.

Studies of the effect of child care on children's development have indicated that children who attend high quality, developmentally appropriate programs perform better in the early grades than those who attend lower quality child care programs, and recent brain research underscores the importance of the early years of a child's live on emotional and cognitive development, and ultimately success in later life.[5] Unfortunately, a shortage of regulated care means that families in New York City remain overly reliant on untrained, unlicensed caregivers, and for lack of a better alternative, children are too frequently placed in programs of uncertain quality.

4 *Cost, Quality and Child Outcomes in Child Care Centers*, Cost, Quality and Child Outcomes Study Team, University of Colorado at Denver, 1995.
5 *Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care*, NICHD Early Child Care Research Network, 1997.

Methodology

In the Fall of 1999, Citizens' Committee for Children of New York (CCC) held a policy briefing on the barriers to family child care expansion. The briefing was attended by advocates, service providers and other interested New Yorkers with presentations by the Associate Commissioner of the Agency for Child Development, and the Child Care Liaison of the Human Resources Administration. This briefing focused on New York City's child care system and outlined a series of barriers faced by caregivers.

To conduct our field work CCC convened a Taskforce on Universal Child Care composed of 12 trained volunteers and developed a set of questions with which to conduct a series of focus groups. CCC sought to understand difficulties experienced by family child care providers in three major areas: economic barriers, payment and regulatory barriers, as well as barriers to workforce development. Specifically, CCC hoped to understand more about how low parent fees and provider wages, untimely payments for care and other administrative issues such as home visits and monitoring impact the quality and supply of family child care.

CCC reached out to four family child care networks representing the broad community of providers to recruit caregivers to participate in focus groups. Four organizations that operate family child care networks agreed to participate and approximately 30 providers attended our focus group sessions. The focus groups were led by a CCC facilitator, with the assistance of a CCC task force member who observed and highlighted discussion points, as well as a stenographer who recorded the conversations that transpired.

Each focus group included approximately eight family child care providers, most of whom belonged to a network. The providers' years of experience ranged from five months to twenty-five years. Fourteen providers in the focus groups were family child care providers and six were group family child care providers. The number of children each provider cared for varied from zero to fourteen. The children's ages fell into three stages: infant (6 weeks-18 months), toddler (18 months-3 years), and school-age (4-12 years). The number of infants each provider cared for ranged from one to eight, toddlers, from one to eight as well, and school-age children, from one to eleven.

The conclusions in this report were formed from the results of our focus groups and information collected in interviews. Further, background research was used to validate the key barriers to family child care expansion identified by the providers and providers' comments and suggestions were juxtaposed with the New York State Family Day Care regulations, the Quality Child Care and Protection Act, and Local Law 31. CCC held discussions with a small sample of the thousands of family child care providers in New York City, and our conclusions are not considered to be based on a representative sample, but rather illustrative of the experiences and services at a point in time.

A Brief History of Child Care in New York City

In 1941, Mayor LaGuardia established New York City as the only city in the nation with publicly subsidized child care services. Through the creation of the Mayor's Committee on the Wartime Care of Children he established the parameters for a partnership between the city, state and child care sponsoring boards that continues today. Previously, child care services had been provided almost entirely through private philanthropy, non-profit and religious organizations. During this period, federal funding for child care came from the Works Projects Administration. These funds were used to create 14 school-based nurseries and created jobs for unemployed teachers to care for low-income children and established a foundation for the system of early care and education that we have today. In 1949, the New York City Department of Health established health code standards for child care services, and in 1950, a Bureau of Day Care was created in the Bureau of Child Welfare.

In 1971, Mayor Lindsay created the Human Resources Administration (HRA) and consolidated the management of all public funds for child care in HRA's Agency for Child Development (ACD). In 1996, Mayor Giuliani established the Administration for Children's Services (ACS) as a free-standing city agency that brought together for the first time, child welfare, child care and Head Start services under one agency dedicated solely to children. By the year 2000, ACS was responsible for a $599 million child care and Head Start budget providing services through vouchers and contracts with delegate agencies and sponsoring boards to 71,770 children in New York City. In September 2000, the ACS Advisory Board Child Care Subcommittee was created to develop a comprehensive reform plan for ACD child care and Head Start services that includes recommendations for innovative program models, improved training and facility development strategies, and financing services and programs. In December 2001, ACS released *Counting to 10: New Directions in Child Care and Head Start*, the city's first coordinated plan for child care and Head Start.

"My home is their home and my family setting is their family . . . that was the way it was set up and . . .meant to be."

Family child care presents a great opportunity to expand the supply of quality, regulated care in New York City. Providers who participated in CCC's focus groups spoke with pride of their love of young children and their work to build a trusting, comfortable and safe atmosphere for children in their homes. They discussed the importance of providing children with individual attention, and of preparing young children from a variety of cultural and ethnic backgrounds for school. However, providers also spoke with frustration about the many barriers that make providing care difficult, and the need for solutions that will strengthen their programs and open the door to family child care expansion.

Less than 25 percent of the children who receive a child care subsidy and are placed in home-care environments are currently in registered family child care homes. The remaining 75 percent of children in home-care are placed in informal, unregulated care. CCC's focus groups highlighted the three major barriers to the expansion of regulated family child care as: economic; payment and regulatory; and workforce development. Addressing these barriers will allow New York City to better support family child care providers and lead the way to expansion.

Depressed Wages, Quality and Supply: Economic Barriers

The economics of child care present one of the greatest challenges to making high quality child care available to all families. Current financing mechanisms fail to support a comprehensive system of child care and are overly reliant on families to pay for the cost of child care. In fact, families pay 60 percent of the cost of child care and early education as compared to just 23 percent of the cost of public higher education.[6]

Unfortunately, most families cannot afford the full cost of child care, and city and state funds for subsidies that target only the lowest income families are still unable to meet the needs of every eligible child. One result is that caregivers work long hours for little pay. Child care providers are among the lowest paid in the U.S. labor force, and family child care providers earn some of the lowest salaries in the industry, with average salaries standing at $10,500 annually[7]. Further, providers receive little or no benefits and work long hours in isolation. Although we know that high quality child care requires a qualified and stable workforce, turnover in the child care industry currently stands at 31% annually.[8]

At the heart of the economic issue for providers who provide care to low-income families using a subsidy are the New York State reimbursement rates. In New York City, payment rates received by family child care homes offering care to families receiving a subsidy fail to cover the actual cost of care. Unfortunately, providing high quality, developmentally appropriate care on the low reimbursement rates provided by the state for subsidized families or on the low fees that low- and moderate-income families who are not subsidy eligible can afford is next to impossible.

Finding:

Providers in CCC's focus groups emphasized the difficulty of making wages that allow them to provide for themselves and their families. The cost of starting a family child care home presented a challenge to many providers who struggled to afford the materials necessary to meet health and safety standards. Further, they indicated that they have difficulty affording materials that allow them to provide developmentally appropriate care such as books, toys and outdoor play equipment.

Providers expressed a need for assistance in shoring up the financial viability of their family child care homes, specifically with enrollment, obtaining liability insurance, coverage for sick days, and obtaining affordable health insurance for themselves and their families. Family child care providers also wanted start up kits to get their businesses up and running, and needed additional information about available assistance to cover costs such as food and other materials.

6 Stoney, L., and M. Greenberg. "The Financing of Child Care: Current and Emerging Trends." in *The Future of Children*, Vol. 6, No. 2, 1996.

7 *Current Data on Child Care Salaries and Benefits in the United States.* Center for the Child Care Workforce, 2000.

8 Center for the Child Care Workforce, *Worthy Work, Unlivable Wages*, 1997.

The Child Care Market Rate: Payment for the Provision of Subsidized Child Care

In New York State, the Office of Children and Family Services (OCFS) provides child care subsidies to families whose incomes are at or below 85 percent of the state median income. Federal regulations stipulate that states must set payment rates for child care providers who serve subsidized children such that families eligible for child care subsidies have equal access to child care as those families that do not receive subsidies.

To set payment rates for subsidized care, New York State conducts a biennial survey of the child care market. OCFS then sets the reimbursement rate for subsidized child care at the 75th percentile of the rates charged by the market – the minimum requirement set by the federal government.

Unfortunately, New York State's payments to providers for subsidized child care do not adequately reflect the cost of care and have a negative impact on child care quality and supply. Numerous studies of the economics of child care have noted the child care "trilemma": the tension between parent fees, provider wages, and child care quality. The reality is that parent fees, rather than reflecting the actual cost of providing child care, reflect what parents can afford to pay. Programs and providers both fill the gap between what parents can afford and the cost of care through in-kind donations of facilities (which eliminate rent and utilities costs), and by keeping staff compensation low. Unfortunately, because parent fees are used in the market rate survey as a proxy for cost, the state reimbursement rate remains depressed, and providers who serve low-income children are consistently under paid and struggle to make ends meet.

Low state payment rates also depress quality because they result in high rates of staff turnover, and programs that are unable to afford high quality materials or to provide staff with professional development and training opportunities. These factors have a substantial negative impact on quality, particularly the quality of care provided to low-income and vulnerable children. The supply of care is also diminished, as other child care providers are unwilling to accept children from families that receive subsidies because they find it economically unfeasible.

The impact of these factors is particularly acute in New York City, where providers are forced to charge fees far below the cost of care because of parents' limited budgets. In October 2001, OCFS released the 2001 reimbursement rates. While the rates for family child care providers in New York City increased, they continue to lag far behind those in the surrounding counties, and are comparable to rural counties with much lower costs of living, housing and commercial rents.

Table II. OCFS Weekly Child Care Payment Rates*

Child Care Setting	New York City 2000	New York City 2001	Increase
Regulated Family Child Care (0 — 1.5 years)	$127	$135	$8
Regulated Family Child Care (1.5 — 2 years)	$140	$130	$10
Regulated Family Child Care (3 — 5 years)	$103	$121	$18
Regulated Family Child Care (6 — 12 years)	$102	$120	$18
Unregulated Informal Care (0 — 1.5 years)	$95	$101	$6

* Office of Children and family Services, October 2001.

A System in Fragments: Payment & Regulatory Barriers

"This year I have lost over one thousand dollars because . . . there are a lot of stipulations for . . . [parents] to retain their vouchers."

To provide care to children in New York City, family child care providers must learn to navigate the multiple agencies responsible for the administration and oversight of subsidized child care. Funding issues are often exacerbated by regulatory and administrative red tape that complicate providers' efforts to obtain or renew their registration and often delay or eliminate payment to caregivers for care provided.

In New York City, two government agencies are involved in the provision of subsidized family child care; the Agency for Child Development (ACD) of the Administration for Children's Services (ACS), and the Family Independence Administration (FIA)[9] of the Human Resources Administration (HRA). ACD provides child care through contracts with center-based programs and family child care networks. In addition, ACD administers vouchers that income eligible families use to pay for services provided by private child care centers and family child care homes. HRA provides vouchers for child care to families receiving public assistance and engaged in work activities and to families transitioning from welfare-to-work. These vouchers can be used to purchase regulated or unregulated care.

Caregivers who provide care for more than three children are required to meet city and state health and safety regulations designed to ensure child care quality. The Bureau of Day Care of the New York City Department of Public Health (DPH) is responsible for the monitoring and oversight of these regulations, while ACS is responsible for providing technical assistance and monitoring as laid out in Local Law 31.

Payment Barriers

Payment for child care varies by agency, with ACD and HRA utilizing slightly different payment mechanisms. In theory, ACD offers seamless child care to low-income families, providing a child care subsidy while parents search for work, engage in a welfare to work activity, and after they find employment, as long as they meet income eligibility guidelines.

In contrast to ACD, HRA provides child care subsidies to parents participating in the Work Experience Program (WEP) and determines eligibility for subsidized child care according to parent employment activities. Eligibility for care and payment for care provided is therefore often given to starts and stops and child care providers are often frustrated by uncertainty about payment and payment delays.

More recently, the city has sought to address the payment system with the implementation of the Automated Child Care Information System (ACCIS). ACCIS strives to create a single automated payment system for all child care providers in the city and to eliminate gaps in payment and eligibility, ensure that providers get paid and deal with disruptions in child care. ACCIS also integrates informal care providers into this payment system, beginning a relationship with city oversight agencies that lifts informal caregivers from a publicly subsidized underground economy.

New York State Seamless Child Care Bill

In December 2001, the New York State Legislature passed the Seamless Child Care Bill. This piece of legislation seeks to amend State Social Service Law and stipulates that families moving toward self-sufficiency will have uninterrupted access to child care during short breaks between activities or employment (from two weeks up to a month) as they transition from welfare to work and from work to low-income child care.

This legislation will allow families receiving public assistance to move toward employment and transitional child care, and from transitional child care to low-income child care without requiring them to fill out a new application at each step. Because many families are unaware that they are eligible for transitional child care upon leaving public assistance for employment, this bill helps to ensure that child care services are continued without disruption and minimizes confusion for providers and parents.

9 As of August 1998, the Office of Employment Services is known as the Family Independence Administration.

Regulations for Family Child Care Providers

Regulations for family child care providers and group family child care providers are stipulated by the New York State OCFS, and enforced by the New York City DPH, Bureau of Day Care. The regulations include requirements for provider experience and training, background screening, and safety, health, and programmatic requirements.

Experience and Training

To become a registered family child care provider, a caregiver must be at least 18 years old, have a minimum of two years experience caring for children under age six or one year caring for children under age six and six hours of training in early childhood development. The state allows providers to include unpaid experience caring for children and child-rearing toward meeting this requirement.

All providers are required to have 30 hours of training every two years, 15 of which must be within the first six months of operation. State training requirements for family child care providers include training on child health and safety, child development and education, nutrition, program development and child abuse and maltreatment identification and prevention. Providers must receive training in protection of the health and safety of children prior to registration. To assist family child care providers in meeting these requirements, DPH Bureau of Child Care makes a variety of training available to family child care providers free of charge.

Screening

Family child care providers must be fingerprinted by the Department of Public Health and undergo a review of criminal convictions and an inquiry with the Statewide Central Register of Abuse and Maltreatment. In addition, for all providers who apply for registration or renew their registration after December 31, 2000, fingerprinting and criminal background checks are required for all residents of a family child care home over age 18. Providers are also required to submit their three most recent employment references to DPH.

Programmatic regulations

Providers must develop a schedule of program activities including snack and meal periods, rest periods, indoor activities and outdoor play time. They must have adequate materials for play and follow specific regulations regarding child supervision and toileting, discipline and reporting suspected incidents of child abuse and maltreatment.

Health and Safety

Family child care providers are required to maintain up-to-date health and immunization records for themselves, home residents, staff and every child under their care. At the time of registration providers are required to submit a statement from a health care provider stating that they are physically and mentally fit to provide child care and have medical examinations including testing for tuberculosis. Providers are required to have a plan for medical emergencies and arrangements for children who become sick while under care. The standards also include specific regulations for provider and child hand washing, diapering, treating cuts, disinfecting carpets, surfaces, furnishings and other supplies. All parents must provide a written statement by a health care provider verifying that the child has received age-appropriate immunizations and is able to participate in child care.

Physical Environment

New York State issues standards regarding outdoor and indoor space including: paint finishes, bathroom facilities, room temperature, the use of smoke detectors and fire extinguishers and means of egress. Regulations also include a series of safety requirements regarding radiators, hazardous materials, pets and materials and play equipment used by children. Providers are required to provide the Department of Public Health with a diagram of their home.

Regulatory Barriers

In order to operate, family child care providers must register with DPH and meet requirements for physical space and equipment, program size, health and immunization requirements for children and caregivers, food handling, and credentialing and training requirements. Regulations extend to programmatic requirements such as the supervision of children, sleeping and napping arrangements, and discipline and educational programming. Unfortunately, confusion about the interpretation of state regulations is not uncommon. As a result, providers are often uncertain about how to prepare their homes for inspection.

With the passage of the Quality Child Care and Protection Act, DPH is now required to increase the number of inspections from 20 percent to 50 percent of all registered family child care homes annually. However, current DPH staffing levels will have to be increased if the agency is to meet this new mandate.

Findings:

Family child care providers who participated in CCC's focus groups expressed a need for clarity about city and state health and safety guidelines and a need for additional information for themselves and parents about obtaining and utilizing vouchers. Providers desired increased communication between themselves, ACD and HRA regarding parent eligibility for care, and increased communication with DPH to clarify health and safety regulations. Family child care providers also expressed a need for ongoing technical assistance to help them meet safety, health and programmatic regulations and for assistance that would enable them to play an information giving role with low-income families needing help accessing subsidized care.

Limited Opportunities for Training and Enhanced Professionalism: Barriers to Workforce Development

To become a regulated family child care provider in New York City is to undertake a daunting task. To be successful, providers must acquire knowledge about child development, early care and education, as well as a dizzying array of city agencies and often overlapping regulations and policies. Providers often work long hours in isolation and piece together information through their own informal connections and through word of mouth. Still others are in need of information about assistance available to family child care providers by the federal, state and city government.

It is essential to remember that in addition to caring for children, providers are operators of small businesses and must perform a range of tasks themselves including marketing the program and recruiting parents, cooking, cleaning, shopping for food and supplies, record keeping, keeping up with regulatory changes, and meeting training requirements. Further, the experiences of caregivers as business owners have a significat impact on the quality of care they provide.

To assist them with the demands of the job, many providers receive support from family child care networks. Family child care networks are typically coordinated by community based organizations and reduce provider isolation by connecting them to a community of child care professionals. Many family child care networks are loose collaborations that provide basic support in navigating the city agencies that make up the child care system. Other networks operate under ACD contract and provide a range of services such as start-up assistance and materials, help interpreting and meeting health and safety regulations, substitutes to allow providers to take advantage of training opportunities, ongoing training through workshops, home visits, and assistance with enrollment. A small number of networks supplement government resources with foundation funds and offer providers health insurance and a guaranteed income.

Contracted family child care networks receive a per child fee of $17.06 with which to fund the technical assistance and other supports offered to providers in their network. Part of this fee is paid by the city, and the remainder is paid by the providers. Network membership has been shown to increase the quality of care. However, providers who join a network are charged a per child fee which decreases their already low incomes and may serve as a disincentive for membership. Further, the fees received by networks have remained frozen since 1992, hampering networks' ability to provide the comprehensive support that providers need.

Professional Development and Training Opportunities

A wide array of training opportunities are currently available to providers in New York City, however, family child care providers need increased access to information about available training, as well as access to scholarships and other assistance that will place professional development activities within their reach. Current training opportunities for family child care providers are made available through the NYS OCFS, and the State University of New York (SUNY), ACS, universities and community based organizations. Training provided by ACS focuses primarily on meeting state mandated health and safety regulations, including 30 hours of training. Non-government entities offer training to fulfill state requirements and also offer intensive technical assistance and professional development opportunities which focus on capacity building and credentialing.

New York State offers caregivers access to training through the State University of New York (SUNY) Independent Study Program, a series of live videoconference training courses, and caregiver scholarships for training and professional development provided through the SUNY Educational Incentives Program (EIP). In addition, EIP scholarships are available to pay for university-based credit bearing courses and non-academic training offered by other entities. These entities include: Child Care Resource and Referral Agencies, family child care networks, public and private colleges and universities that offer an array of training, professional development, and technical assistance opportunities to contracted and non-contracted center-based programs and family child care providers. While some of the training opportunities provided by these entities are coordinated by ACS, other high quality training is accessed by programs independently, dependent on knowledge of availability.

To address the need for a comprehensive inter-agency system of early care and education including the need for a coordination mechanism to provide programs with information about the full range of available, high quality, training, former ACS Commissioner Nicholas Scoppetta convened the ACS Child Care Advisory Board Subcommittee in September 2000. The Subcommittee has recommended the creation of a Professional Development and Technical Assistance Training Institute that would coordinate training services and increase access to and availability of training opportunities. Specific functions of the Institute would include:

- Planning centrally to increase access to and availability of training, professional development and technical assistance opportunities;
- Conducting or commissioning a citywide needs assessment of Head Start and child care training, professional development and technical assistance needs, available opportunities and gaps;
- Coordinating capacity-building training with private entities through partnerships with universities, family child care networks, Child Care Resource and Referral Agencies, community based organizations, and other community based training and technical assistance organizations; and
- Serving as an information clearinghouse for training, professional development and training opportunities to ensure that contract and voucher programs and providers are able to meet the professional development needs of their programs and staff.

Accreditation

Currently, no national standards exist for child care and early education programs and state standards vary greatly. While family child care programs in New York City are required to meet minimum health and safety requirements set by the state, accreditation enables providers to voluntarily meet national standards of quality above and beyond the minimum licensing standards. Accredited programs have made a commitment to provide stimulating care, activities and program development, and studies show that accredited caregivers are more likely to plan developmentally appropriate activities and to interact with children in age appropriate ways.*

Typically, accreditation involves a period of self-study and evaluation, followed by observation by a trained expert. These experts look in detail at: providers' nonverbal and verbal interactions with children, provider responsiveness, available materials and activities, quality of the physical environment as well as health, safety and nutrition.

Accreditation provides an excellent opportunity for family child care providers to engage in a reflective process about program quality and to enter into a dialogue with the early childhood community about program development. Accreditation also provides an opportunity to offer financial incentives to providers who offer high quality care. Federal regulations stipulate that states and localities have the option of reimbursing providers who offer subsidized care at a rate 15 percent above that of unaccredited providers.

While accreditation offers the potential of increasing the quality of care and supporting family child care providers, the cost of accreditation is unaffordable to many providers. For example, accreditation by the National Association for Family Child Care (NAFCC) requires a $247.50 self-study fee, and a $247.50 accreditation observation fee. Further, although New York City has the option reimbursing accredited providers at a high rate than their non-accredited counterparts, it has not yet capitalized on this as a quality enhancement incentive.

* *NAEYC Accreditation as a Strategy for Improving Child Care Quality: An Assessment by the National Center for the Early Childhood Work Force*, NCECW, 1997 and , "The Effects of Accreditation on Care in Military Child Development Centers." From *NAEYC Accreditation: A Decade of Learning and the Years Ahead*. Bredekamp and Willer, Eds. NAEYC, 1996.

Finding:

Family child care providers indicated that public opinion designates child care as a 'labor of love' that requires little skill and provides little recognition of the substantial investments of time and resources caregivers put into training, design of programs and activities. They emphasized that wages in the field do not compensate them for their expertise, long hours or the challenges they face in providing children in their care with a safe, stimulating and developmentally appropriate environment.

While most of the providers who participated in CCC's focus groups belonged to family child care networks, our discussions revealed that the fee for membership further strained their financial viability. Most providers articulated a need for increased access to information about the child care payment system, the range of training and professional development opportunities across the city, and the availability of assistance to help cover the cost of food and other materials.

Specific needs included assistance with maintaining enrollment, coverage to allow them to take advantage of training opportunities, sick and vacation days, and increased opportunities for dialogue with other professionals in the field. Providers also called for access to a coordinating entity that would assist them as they meet city and state regulations, handle the logistics of their enterprises and in their dual role as caregivers and supporters of low-income families. With proper support, providers see themselves in an expanded role in partnership with parents to ensure that children are well prepared for success in school.

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Increasing the availability of quality child care is essential if New York City is to meet the needs of families transitioning from public assistance to self-sufficiency as well as for the increasing number of low-income families who need child care during the hours they are at work. With minimal support, registered family child care providers are required to sort through a maze of regulations, monitor parental eligibility status and payments for care provided, and to interpret city and state regulations. Many providers are drawn to the field because of their love of children, however, the economic sacrifices, isolation and lack of professional opportunities prove discouraging to many. New York City must work to remove the barriers to family child care in order to encourage these providers to remain in the field, and entice the thousands of unregulated, informal caregivers to enter the regulated system of care.

FINANCING CHILD CARE: MAKING CHILD CARE A VIABLE OCCUPATION

"Why are these programs being cut and why isn't anybody doing anything about it?"

Low payment rates, a shortage of subsidies, a lack of health benefits for themselves and their families translate into economic hardship for family child care providers. Addressing these issues is critical to the expansion of family child care.

- **New York State should develop a methodology for calculating payment rates that provides caregivers with the resources necessary to offer high quality care.** The current methodology assumes that parent fees cover the actual cost of care and sets payment rates for subsidized care at 75 percent of the market rate. As a result, providers struggle to cover their costs and quality and supply are diminished. A number of states have addressed these issues by integrating data on in-kind donations of rent and utilities and other cost-related information into their payment rate methodology. Still others have established payment rates that support the quality of care, and encourage expansion by setting their payment rates above the 75 percentile minimum required by the federal government. CCC urges OCFS to investigate a methodology that will address these issues.
- **New York State should expand child care eligibility to 275% of the federal poverty line to assist low-income families in affording quality child care.** Many low-income families are not income-eligible for a child care subsidy and must struggle to pay for care while making ends meet. Expanding child care eligibility will place higher quality care within the reach of New York City's working poor.
- **To address enrollment issues, New York City should engage family child care providers as partners in outreach to low-income communities.** Currently, New York State provides funds for part-time staff in several HRA Job Centers around the city. These staff persons supply information to families who are in search of care while they participate in welfare to work activities. New York City should supplement state funds to increase staff presence and families' access to information about child care as they transition from welfare to work. In addition, the city should make information about the new eligibility criteria available to family child care providers to enable them to be more effective in helping families access subsidized care, and in boosting their enrollment levels.
- **A substantial increase in resources for child care is necessary at both the state and city level.** New York State should increase the amount of money allocated for subsidies and recruitment and retention grants. Citizens' Committee for Children advocated for $177 million for additional child care subsidies and $75 million for recruitment and retention grants in the New York State FY 2002 Budget. Unfortunately, the passage of a bare bones budget did not provide funds for additional child care subsidies and severely short changed families throughout the state who will not have access to a subsidy. The FY 2003 Executive Budget proposes a $37 million increase in child care subsidies, and will leave many children currently eligible for subsidized child care unserved.

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ELIMINATING RED TAPE: REMOVING REGULATORY & ADMINISTRATIVE BARRIERS AND IMPROVING QUALITY

Having multiple agencies involved in monitoring and oversight, and a dual child care payment system is confusing for both parents and providers. Clarity about state and city regulations, monitoring, payment processing, the eligibility of children in providers' care, and increased communication with eligible families about the availability of subsidies is needed. In addition, prompt payment is essential to the economic viability of family child care providers.

- **New York City and state must make resources available to enable DPH to provide technical assistance to family child care providers and to ensure timely processing of applications for registration and renewal.** The State Quality Child Care and Protection Act increases DPH's monitoring and oversight responsibilities. DPH consultants will now visit 50 percent of registered family child care homes annually. DPH should work to provide clear information to family child care providers about state and city regulations including fingerprinting and inspections, and should seek to standardize the interpretation of these regulations by DPH consultants. In addition, the implementation of Local Law 31 will require coordination between ACS and DPH to ensure that the additional monitoring is conducted in a way that supports quality care and is not overly burdensome to providers or the children in their care.
- **New York City should streamline fingerprinting and other child care administration and oversight responsibilities that are currently performed by multiple agencies.** Fingerprinting is currently conducted by the NYC Department of Investigation, the Police Department and DPH. The city should conduct an assessment of administration and oversight responsibilities to identify overlapping functions and responsibility should be given to a single agency to simplify the registration process and as a cost saving measure.
- **New York State and city must provide incentives to encourage unregulated family child care providers to enter the system of regulated care.** The Quality Child Care and Protection Act goes a long way toward providing that children in a licensed child care center or regulated family child care home are free from harm. However, additional steps are needed to ensure that all subsidized care is both safe and developmentally appropriate.
- **The city should fully implement Local Law 31 to provide ongoing monitoring and support to family child care providers.** Implementation of this legislation will provide all registered family child care providers with five annual visits to assist them in fulfilling state and local health and safety requirements, help them enroll in the Child and Adult Care Food Program and ensure access to other supportive programs as needed. Provider visits will be used to review health and safety issues covered in the initial visit and to address any ongoing concerns. These visits will focus on working with providers to develop a plan to enhance program quality and on assisting providers in accessing those agencies that will be able to help them in meeting their quality goals.
- **New York City should increase family child care network reimbursement rates for providing monitoring and quality improvement of family child care programs.** The current payment rates received by family child care networks to provide training do not cover the full scope of ongoing technical assistance and other supports necessary to help caregivers provide high quality care to the children they serve. With the implementation of Local Law 31, family child care networks will have direct monitoring and oversight responsibilities. CCC recommends that network payment rates be raised to cover the full cost of monitoring and technical assistance, and that the city pay for the entire network fee, rather than requiring that providers contribute to the cost out of their salaries.
- **HRA and ACD should work to guarantee that providers receive prompt payment for care provided.** While the implementation of ACCIS offers hope for streamlining New York City's child care payment system. Additional efforts are needed to increase communication with providers about parent eligibility for subsidized care. The payment gaps and delays currently experienced by family child care providers need to be eliminated.

CREATING OPPORTUNITIES FOR PROFESSIONALISM: REMOVING BARRIERS TO WORKFORCE DEVELOPMENT

To improve the supply and quality of child care New York City must provide caregivers with the support necessary to successfully care for children.

- **New York City should create a Professional Development and Technical Assistance Training Institute to increase family child care providers access to professional development and training opportunities.** The Institute would respond to family child care providers' need for meaningful training opportunities by conducting an assessment of available professional development opportunities across the city, developing a database and making referrals to providers and family child care network staff. To enable providers to take advantage of these opportunities, the city should work with networks to establish a pool of qualified substitute caregivers to provide care during hours when family child care providers are participating in training and professional development activities.
- **New York State and City should offer financial assistance to caregivers seeking accreditation and should offer incentives for accreditation by providing accredited providers with the 15 percent enhancement rate allowed by New York State.** While family child care providers who seek accreditation hold themselves to standards above those required by the state, doing so further strains their limited budgets. New York City should make funds available to assist providers seeking accreditation. Further, the city should encourage accreditation by taking advantage of the increased allowance for accredited family child care providers.
- **To encourage program innovation, New York City should develop a comprehensive plan to address barriers to blended and wrap-around programming.** The ACS Child Care Advisory Board Subcommittee has developed a series of proposals to eliminate existing barriers. One idea would be to develop a demonstration program to serve children utilizing unique funding streams. Also needed is training and technical assistance for interested programs that need assistance blending funding streams.

Program Innovation

Strengthening and expanding New York City's system of family child care will require creative thinking about developing effective financing strategies, streamlining administrative and regulatory procedures and enhancing inter-agency communication. Increased access to professional supports and training opportunities that will enable providers to participate as partners in developing a system of care and enhance the quality of their programs are needed. It will also require the development of innovative program models that can capitalize on the flexibility of family child care to meet the changing needs of children and families.

In recognition of the benefits of blending a variety of early childhood education program components, an increasing number of programs have begun to increase their capacity to meet the needs of the children and families they serve by linking together Head Start, Universal Pre-K, after school and other early childhood programs. Blended program models better enable child care programs to respond to the increasing need for full-day, nontraditional hours and infant care, and provide programs with opportunities for program enhancement by building on the strength of different programs.

These programs have much to share with one another and with family child care providers. Head Start programs provide care to four- and five-year-olds whose families meet income eligibility guidelines. These programs are built on a nationally recognized model of comprehensive child development services and are family centered. Many family child care providers serve families in low-income communities that would likely meet Head Start income eligibility guidelines. Model programs have engaged family child care providers by offering registered providers Head Start training and employing them as home-based Head Start practitioners. Further, establishing links with these programs also enable family child care providers to access health benefits and connect them with other home-based providers and center staff.

A number of model programs link family child care programs with child care centers within their communities. Family child care providers serve as satellite programs which often provide care to the program's youngest children and to families that are in need of nontraditional hours care. Connections with child care centers often help family child care providers to maintain their enrollment levels.

Conclusion

As we come to understand the significance of the early experiences of young children, the importance of child care takes on a new urgency. The economic pressures on families and the recent implementation of welfare reform have made child care a reality for many of New York City's children. The expansion of family child care presents a real opportunity to provide quality care to families in a city where facility development and expansion often involve a protracted process.

New York City and state have taken steps to bring increased coordination and resources to a disparate system of care that often works as much against as with providers and parents. However, much work has yet to be done to ensure that New York City is able to guarantee a safe place for its children during the hours parents are at work. With the TANF five year time limit facing many families in 2002, the need to remove barriers to the expansion of family child care and to increase the availability of quality, affordable child care has never been more real. Strategies to develop a system of financing that will adequately compensate family child care providers and that will streamline the regulatory and payment systems are essential. Also needed are more effective and coordinated supports, professional opportunities and initiatives to recruit new dedicated providers and to retain the many skilled providers who leave the industry for the Board of Education and other fields each year.

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Family Child Care Focus Group Statistics

	Network A April 2000	Network B March 2000	Network C March 2000	Network D March 2000
Number of participants	8	8	8	---
Length of experience	5 months-5 years	3-25 years	1-15 years	Less than 3 years
Network member	All	All	All	None
Number of children/provider	0-6	0-26	2-14	---
Type of child care homes:				
Family (No. of providers)	6	5	4	Yes
Group (No. of providers)	1	2	3	Yes
Number of Children:				
Infants (1-18 months)	1-4	1-8	1-4	---
Toddlers (19 months-3yrs.)	2-4	1-8	2-6	---
School-age (4-12 years)	1-2	4	2-11	---

Family Child Care Barrier Charts

Barrier	Impact	Reason
Family child care providers' wages are low and many do not have access to benefits.[1]	Low wages contribute to the 31% annual rate of turnover, reduce continuity and quality of care. The lack of health benefits for family child care providers and their families serve as a disincentive for many prospective providers, many of whom are young women of child-bearing age.	NYS's child care payment rates do not cover the cost of quality child care and do not assure a living wage. For providers serving low-income children, the state reimbursement rate is often the single determinate of a provider's income.
Providers have difficulty maintaining enrollment levels.	Providers' already low incomes are further reduced when enrollment levels decline.	There is a high level of confusion about child care eligibility criteria. Many low-income parents do not realize they are eligible for subsidies, and thus do not know regulated care is within their reach. Many families rely on word of mouth to select child care and are unaware that ACD, DOPH, and the NYC Child Care Resource and Referral Agencies provide referrals.
Providers are often unable to acquire critical information about city and state regulations and monitoring inspections or the status of their registration and renewals.	Providers are not able to work in professional partnership with DOPH to ensure child care , quality and are often frustrated by unanticipated inspection outcomes.	Under funding of DOPH, ACS, HRA child care services reduces the capacity of these agencies to provide caregivers with the necessary technical assistance
Providers receive late payments or go without payment for child care provided.	Late payments threaten the viability of providers' programs. Many family child care providers are reluctant to accept HRA vouchers.	Child care for welfare to work families (HRA child care) is linked to parents' work activities. Shifts in work activities often lead to temporary or permanent loss of child care benefits or a change in eligibility status.

1 *Current Data on Child Care Salaries and Benefits in the United States*. Center for the Child Care Workforce, 2000.
2 *Improving Early Childhood Services in New York City: Learning From the Past to Guide the Fugure*, Child Care Inc. and the Federation of Protestant Welfare Agencies, August 1999.
3 *Improving Early Childhood Services in New York City: Learning From the Past to Guide the Fugure*, Child Care Inc. and the Federation of Protestant Welfare Agencies, August 1999.
4 *New Perspectives on Compensation Strategies*, Ane Mitchell and Gwen Morgan, Wheelock College, 2000.
5 *"Voices From the Field": Child Care in New York City*, United Way of New York City, 1999.
6 NYC Temporary Commission on Early Childhood and Child Care Programs, 1996.
7 *"Voices from the Field": Child Care in New York City*, United Way of New York City, 1999.

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Research	Recommendation
Child care wages have not risen in real dollars over the past decade and only a small percentage of providers have benefits.[2]	NYS should revisit the market rate survey and the methodology for setting payment rates.
The economics of family child care force many providers to leave the field for more lucrative employment.[3]	
The quality of child care is linked to well trained and compensated caregivers.[4]	
The absence of a centralized source of information often makes it difficult for parents to navigate the NYC's system of child care.[5]	NYC should provide caregivers with up-to-date information on subsidy eligibility criteria and should enlist providers as partners in outreach to low-come communities.
An examination of an effective means for informing parents about available quality child care is necessary.	NYC should develop a plan to coordinate the referral functions of ACD, DPH and the Child Care Resource and Referral Agencies.
	NYC should eliminate the fee for network membership to encourage providers to link to networks who can provide parent referrals.
A study of ways to streamline the family child care registration process is necessary.[6]	NYS should provide the funding needed to ensure that providers have the necessary access to ongoing technical assistance from DPH consultants.
Systemic problems have stunted the flow of dollars for child care and have made a historically complicated system more difficult to navigate.[7]	NYC should develop a plan to fully utilize the ACCIS payment system and increase coordination between providers, HRA and ACS.

Family Child Care Barrier Charts

Barrier	Impact	Reason
Providers have difficulty affording materials that will allow them to provide a variety of learning experiences to children in their care.	The quality of care is negatively impacted.	Inadequate compensation makes it difficult for providers to invest in materials for developmentally appropriate activities while making ends meet.
Providers have limited access to training and professional development opportunities.	Many providers are isolated from the broader early care and education field and are without the tools needed to enhance the quality of care they provide.	No single entity in NYC is responsible for assessing citywide training opportunities, and disseminating information to providers. Because family child care providers work in isolation, many have limited information about professional development opportunities. Providers do not have information about available scholarships and training fees are prohibitive for many. Many providers do not have substitute caregivers who can cover for them while they participate in professional development activities.

8 *In the Neighborhood: Programs that Strengthen Family Day Care for Low-Income Families*, National Center for Children in Poverty, 1994.
9 *Mother-Child Interaction and Cognitive Outcomes Associated with Early Care*, NICHD Early Child Care Research Network, 1997.
10 *Counting to 10: New Directions in Child Care and Head Start*, Administration for Children's Services, 2001.
11 *Cost, Quality and Child Outcomes in Child Care Centers*, Cost, Quality and Child Outcomes Team, University of Colorado at Denver, 1995.

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Research	Recommendation
Meeting regulatory requirements and investment in program enhancement is costly for providers.[8] Child care that offers children developmentally appropriate experiences has a positive impact on children's cognitive and socio-emotional growth.[9]	New York City should fully implement LL31. Connections with networks will help providers access the Child and Adult Care Food Program and other resources to help pay for the cost of materials. New York City should eliminate the provider fee for family child care network membership. NYC should increase payment to family child care networks to allow them to increase the array of supports they make available to providers including lending libraries with materials providers find difficult to afford.
The need for an inventory of available training programs has been documented in the ACS Child Care Subcommittee Reform Plan.[10] Training and professional development are essential to high quality care.[11]	The city should create a Professional Development, Technical Assistance and Training Institute to provide information about free and low-cost training opportunities.

Family Child Care Focus Group Questions

CONTENT		TIME
1.	**Introduction**	15 minutes
2.	**Ice Breaker:** Providers get to know each other in pairs learning basic information about one another and introducing them to the group. *(Provider name, length of time operating a family child care home, number of children and ages served, network membership and reason for becoming a provider).*	5 minutes
3.	**What do you like most about what you do?**	10 minutes
4.	**Introduction to discussion about child care barriers**	1 minute
4a.	**What do you think gets in the way of providing family child care?**	30 minutes
4b.	**How do you view yourselves as different from a babysitter? What kinds of things would be helpful to enable you to do an even better job?**	
4c.	**Other issues?**	
5	**Brainstorming**	
6.	**Invitation to participants to discuss any uncovered issues.**	15 minutes
7.	**Break**	10 minutes
8.	**Summary of issues discussed thus far.**	5 minutes
9.	**Open discussion of any uncovered issues.**	5 minutes
10.	**We would like each of you to decide individually and share with the group how important you view each of the issues on providing quality family child care- high, medium, low - we will take one at a time.** *Say one, ask them if high, medium or low, write down, and then ask if they understand the instructions.*	10 minutes
11.	**Let's take all these issues** which had *(more than 5 highs or the top 3 highs)* one at a time and discuss ideas you might have on how it could be made better.	10 minutes
12.	**How did you get the children you presently care for?**	30 minutes
12a.	**How well does this method work?**	
12b.	**How could it work even better?**	
12c.	**Why do families want their children to come to your home?**	

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ABOUT CCC

Citizens' Committee for Children of New York (CCC) is an independent voice for New York City's children. CCC champions children who cannot vote, lobby, or act on their own behalf, especially those who are poor, have special needs or are particularly vulnerable. Our goal is to secure the rights, protections and services children deserve. Many of our activities directly affect the lives of individual children but most of our efforts are spent identifying the causes and effects of disadvantage and poverty, promoting the development of services in the community and working to make public and private institutions more responsive to children. CCC is unique among child advocacy organizations in that citizen members and staff work side-by-side assuming the roles of spokesperson, researcher, coordinator and watchdog for the City's children. Our staff and members include specialists in health, mental health, education, child care, housing, homelessness, income security, child welfare, juvenile justice and child and youth development.

CCC educates New Yorkers about children's issues, publishes reports and papers, collects and disseminates data, provides technical assistance and support to policymakers, service providers, parent and civic groups and monitors the implementation of federal, state and local policies. CCC directs its attention to budgets, legislation, regulations and management of children's programs. CCC provides a community presence by monitoring the availability and quality of services to children and families in New York City neighborhoods. CCC creates and joins coalitions, brokers competing interests and develops action plans to improve conditions for children. CCC helps New Yorkers turn their personal concern for children into action through our Community Leadership Course.

Kids First, New York is a citywide effort to mobilize parents, professionals, policymakers and other citizens to improve conditions for all New York City children. The Kids First, New York campaign adds another dimension to CCC's work to ensure that every child is healthy, housed, educated and safe.

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